

LICENSING FORMS PACKET

INFORMATION PAGE 1	LICENSING FORMS PACKET LIST
INFORMATION PAGE 2	CHECK LIST TO THE APPLICATION FOR CLINICAL PERFUSIONIST LICENSURE
INFORMATION PAGE 3	CLINICAL PERFUSIONIST LICENSING PROCESS – INFORMATION FOR APPLICANTS
INFORMATION PAGE 4	CLINICAL PERFUSIONIST – INFORMATION OF TYPES OF LICENSE
INFORMATION PAGE 5	INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CLINICAL PERFUSIONIST

APPLICATION FOR CLINICAL PERFUSIONIST LICENSURE IN GEORGIA

FORMS

CP-A-1-3	CLINICAL PERFUSIONIST APPLICATION
CP-A -4	AFFIDAVIT OF APPLICANT
CP-A-5	CERTIFICATION OF EXAMINATION RELEASE OF INFORMATION
CP-A-6	VERIFICATION OF LICENSURE/CERTIFICATION
CP-A-7	CERTIFICATE OF EDUCATION FOR LICENSED CLINICAL PERFUSIONIST
CP-A-8-9	REFERENCE FORM
CP-A-10	PROVISIONAL LICENSED CLINICAL PERFUSIONIST – STATEMENT OF SUPERVISION

CHECK LIST TO THE APPLICATION FOR CLINICAL PERFUSIONIST LICENSURE

This check sheet is intended to assist you with the filing of a complete application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are 8-1/2 x11-inch copies of the original.

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

_____	CP-A 1-3	CLINICAL PERFUSIONIST APPLICATION
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CLINICAL PERFUSIONIST LICENSING PROCESS INFORMATION FOR APPLICANTS

BRIEF OVERVIEW

Please read all application materials and instructions carefully. It takes approximately **three to five** weeks to obtain a license in Georgia. The Board strongly recommends that you do not apply or accept job opportunities until your license number has been issued.

1. We will discuss the application status with the **applicant only**. Speaking only with the applicant regarding application status protects the applicant as the application is considered in the same respect as an application for employment and is treated as confidential. It also helps to prevent miscommunication or disinformation regarding the application status. Please inform all hospitals, employers, recruiters, referral companies, attorneys, family members, or insurance companies that application status updates must be obtained from you.
2. Applications are reviewed in the **date order of receipt**.
3. Applicants should submit all required documentation as soon as possible; however, without both the application and fee, staff cannot begin the initial review process.
4. All fees are **nonrefundable**.
5. Do not wait to submit an application or fee until all documentation is complete because that will result in a significant delay in processing your application.

Once an application has been received, staff must complete the initial review within **15 business** days from receipt of application, although this often occurs in less time. The applicant is then notified in writing of the application status and given an itemized list of documents needed to complete the file. These subsequent documents also will be reviewed in order of receipt. Therefore, it is recommended that applicants wait until after the 15 working day processing period, or receipt of the initial deficiency letter, to contact the staff by phone regarding the status. This time frame allows for outside source documents to be received and matched to the file. During this time when the applicant contacts the office, staff may tell the applicant what documents are in the file but not if the criteria set forth in Georgia law has been met - this can only be done when processing is started. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff.

After the determination for licensure has been made indicating your eligibility for either a provisional license or full licensure, and when all documentation has been submitted and all administrative checks completed, the application is scheduled for review at the next scheduled Board meeting. Board meetings are held the first Thursday and Friday of each month, and the application must be complete **fifteen (15) business days** prior to the scheduled meeting. This time frame allows for preparation of complex files to be prepared and mailed for review by the Licensing Committee so they can make an informed decision regarding licensure. Keep this in mind; we cannot predict the variables that may cause delays as each application is reviewed. Therefore, we cannot provide assurances that any applicant will be licensed by a specific date. It is strongly recommended that you **DO NOT** accept any employment opportunities until your Georgia license number has been issued.

State law requires you to keep the Medical Board informed of changes in address for mailing and work, and associated phone numbers.

Clinical Perfusionist – Information on Types of Licenses

Clinical Perfusion Licensure Act requires Perfusionists practicing in the State of Georgia to be licensed. The implementing act became effective July 31, 2002.

The Clinical Perfusionist Act allows for two types of licenses. They are as follows:

1. **Provisional License** – the Board may issue a license as a provisional licensed Clinical Perfusionist to a person who submits to the board evidence of having successfully completed an approved perfusion education program required for licensure and upon the filing of an application and payment of the application fee. A provisional license shall be valid for two years from the date it is issued and may not be renewed. If a person fails any portion of the licensure examination, his or her provisional license shall be automatically revoked and surrendered to the Board.
 - a. A person who is licensed, as a provisional clinical perfusionist shall be under the supervision and direction of a licensed clinical perfusionist at all times during which the clinical perfusionist performs perfusion. Applicants therefore must submit a Statement of Supervision completed by a clinical perfusionist who is licensed in the State of Georgia and who will supervise the applicant's work.
2. **Full Licensure**
 - a. Upon having met the requirements of OCGA § 43-34-173 and Board Rules 360-4-.01 and 360-4-.02 (successful completion of perfusion education program and passed the complete examination given by the American Board of Cardiovascular Perfusion, (ABCP) or its successor)

Instructions for Completing the Application for Clinical Perfusionist

Complete each item on the application. If you answer YES to questions 10 – 21, you must provide a written explanation and if applicable, supporting documentation.

Enclose application fee of \$200.00

Enclose a CV or current resume.

Form CP-A-3, Question #23. List all colleges, universities and education programs attended.

Form CP-A-4, Affidavit and Authorization of Applicant. Attach a standard passport photograph in the space provided. The photograph **must** have been taken within a one-year period prior to the application. Cutouts, newspaper or magazine clippings, or photocopies will **not be accepted**. Please sign the photograph on the backside, and use tape to secure the photograph in the space allotted for the photograph. Affidavit **must be signed in the presence of a notary. The date of signature and date of notary must match.**

Form CP-A-5, Certification of Examination, should be sent **directly** to the American Board of Cardiovascular Perfusion (ABCP) for completion. The **ABCP** is responsible for mailing the form **directly** to the Board.

Form CP-A-6, Verification of Licensure/Certification. This form should be sent to each state which you hold or ever held a license or certificate to practice.

Form CP-A-7, Certificate of Education for Licensed Clinical Perfusionist, should be sent to the Program for completion, and mailed **directly** to the Board.

Form CP-A-8-9, Reference Form. References are required from two (2) sources and may be completed by one of the following sources: supervisor, physician with whom you have worked with professionally, professor from perfusion program, or a clinical instructor.

Form CP-A-10, Provision Licensed Clinical Perfusionist Statement of Supervision. If you are seeking a provisional license, the individual responsible for supervising you is required to complete this form and mail **directly** to the Board.

APPLICATION FOR CLINICAL PERFUSIONIST LICENSURE IN GEORGIA
GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 PEACHTREE ST., NW, 36TH FLOOR – ATLANTA, GA, 30303 – PH 404.656.3913 – FAX 404.656.9723

CLINICAL PERFUSIONIST APPLICATION

Please type or print legibly.

1. Name: _____
Last First Middle or Maiden

2. Social Security Number: _____ - _____ - _____

3. Date of Birth: ____/____/____
Month Day Year

4. Preferred Mailing Address: (This address will be listed on the CSBME website. If you use a P.O. Box, you must provide a street address in question #5).

Address City, State Zip Code

5. Street Address: (if P.O. Box is listed in question #4).

Address City, State Zip Code

6. (____) - ____ - ____ - ____
Area Code Phone Number

e-mail address: _____

7. Have you served in the Armed Forces of the United States? ____Yes ____No (If yes, attach copy of DD-214).

8. If you have ever been licensed or certified as a perfusionist, please complete form CP-A-6 and mail to each respective State Regulatory Agency where licensed for provision of the information requested.

9. Have you ever taken the complete examination given by the American Board of Cardiovascular Perfusion?

____Yes Certificate Number _____

____No Date Scheduled to Take Examination: _____

(If you are applying for a provisional license, please indicate the date on which you will take the examination and submit a completed Statement of Supervision Form)

CP-A-1

APPLICATION FOR CLINICAL PERFUSIONIST LICENSURE IN GEORGIA
GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 PEACHTREE ST., NW, 36TH FLOOR – ATLANTA, GA, 30303 – PH 404.656.3913 – FAX 404.656.9723

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO FURNISH AND ATTACH COMPLETE DETAILS INCLUDING DATE, LOCATION, REASON AND DISPOSITION OF THE MATTER.

		YES	NO
10.	Has any board or agency denied issuance of or, pursuant to disciplinary proceedings, refused renewal of license or certificate?	_____	_____
11.	Have you ever been treated or hospitalized for mental illness, drug or alcohol abuse during the last seven years?	_____	_____
12.	Have you ever been convicted of a violation of any federal, (including military), state or local statute?	_____	_____
13.	Have you ever been denied the privilege of taking an examination given by any state licensing board or been denied a certificate/license?	_____	_____
14.	Has any state licensing board revoked or suspended a license/certificate issued to you or taken other disciplinary action?	_____	_____
15.	Have you ever been named as a defendant in a malpractice suit?	_____	_____
16.	Have you ever been denied membership in any professional society or association?	_____	_____
17.	Have you ever voluntarily surrendered any professional license or certificate?	_____	_____
18.	To your knowledge, are you the subject of an investigation by any licensing board as of the date of this application?	_____	_____
19.	Have you ever been dismissed or resigned while under investigation at a hospital?	_____	_____
20.	Have you ever defaulted on a state or federally funded and/or guaranteed school loan?	_____	_____
21.	Have you ever defaulted on child support payments?	_____	_____

CP-A-2

APPLICATION FOR CLINICAL PERFUSIONIST LICENSURE IN GEORGIA
GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 PEACHTREE ST., NW, 36TH FLOOR – ATLANTA, GA, 30303 – PH 404.656.3913 – FAX 404.656.9723

22.	Attach a current resume of your employment history including your present position.
23.	List all colleges, universities and educational programs attended. Attach additional sheets if needed.
<p>A. Perfusion Education Program: _____ Location: _____ Dates attended: From: _____ to _____ (Month/Year) (Month/Year)</p> <p>B. College or University: _____ Location: _____ Dates attended: From: _____ to _____ (Month/Year) (Month/Year)</p>	
<p>C. Perfusion Education Program: _____ Location: _____ Dates attended: From: _____ to _____ (Month/Year) (Month/Year)</p> <p>D. College or University: _____ Location: _____ Dates attended: From: _____ to _____ (Month/Year) (Month/Year)</p>	
<p>E. Perfusion Education Program: _____ Location: _____ Dates attended: From: _____ to _____ (Month/Year) (Month/Year)</p> <p>F. College or University: _____ Location: _____ Dates attended: From: _____ to _____ (Month/Year) (Month/Year)</p>	

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GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
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AFFIDAVIT AND AUTHORIZATION OF APPLICANT

I acknowledge and state that I have read and are familiar with the Clinical Perfusionist Licensure Act rules pertaining thereof. I further state that by filing this application for license as a Licensed Clinical Perfusionist in the State of Georgia I authorize and consent to have an investigation made as to my professional reputation and fitness to practice as a Licensed Clinical Perfusionist. I agree to give any further information that may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or International), court, association, institution, or other organization having control of my documents, records and other information pertaining to me, to furnish to the Composite State Board of Medical Examiners any such documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Composite State Board of Medical Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent to practice there under.

I authorize and request the Georgia Composite State Board of Medical Examiners to obtain any criminal history information concerning me from any authorized law enforcement agency, including but not limited to the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC).

I hereby release, discharge, and exonerate the Georgia Composite State Board of Medical Examiners for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Georgia Composite State Board of Medical Examiners to release information, material, documents, orders or the like relating to me or to this application to any other agency or any other agency of the State of Georgia, the medical licensing agency or any other state or territory of the United States, or Province of Canada, law enforcement agency, hospital or other appropriate agencies as determined by the Board.

This is to certify that the forgoing information is true and correct to the best of my knowledge. I understand that false swearing my constitute a felony offense under O.C.G.A. 16-10-71. I understand that working and falsely presenting myself to the public as licensed to practice as a clinical perfusionist is a violation of the Clinical Perfusionist Licensure Act and is a misdemeanor.

SIGNATURE OF APPLICANT DATE

PHOTOGRAPH

PRINT NAME OF APPLICANT

APPROXIMATE SIZE
2X4

CITY, COUNTY AND STATE

Being duly sworn, says that he/she is the person who executed the above application; and that all the statements herein contained are true and that the attached photo is a true photo of the applicant.

Sworn and subscribed to me this ____ day of _____, _____

Notary Public _____ SEAL

NOTE: SIGNATURE AND NOTARY DATE MUST MATCH.

CP-A-4

**CERTIFICATION OF EXAMINATION
RELEASE OF INFORMATION FORM**

**PLEASE SEND THIS FORM DIRECTLY TO THE AMERICAN BOARD OF CARDIOVASCULAR
PERFUSION(ABCP).**

CLINICAL PERFUSIONIST: Please complete the top half of this form and send to:

**American Board of Cardiovascular Perfusion (ABCP)
207 N. 25th Avenue
Hattiesburg, MS 39401**

_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Address	City	State	Zip Code

The undersigned authorizes the **American Board of Cardiovascular Perfusion** to release to the **Composite State Board of Medical Examiners**, the information requested below:

Applicant's Signature

Date Signed

TO: AMERICAN BOARD OF CARDIOVASCULAR PERFUSION (ABCP)

As Registrar of the American Board of Cardiovascular Perfusion, I hereby attest that the above named applicant was certified on _____ and is currently certified by the Board until _____.
Certificate # _____.

Signature of Registrar

Date Signed

COMMISSION SEAL

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED IN THE HEADING OF THIS FORM.

VERIFICATION OF LICENSURE/CERTIFICATION

INSTRUCTION: The State Regulatory Agency in each State which you hold or ever held a license to practice must complete this form and send directly to the Board.

NAME OF APPLICANT: _____

LICENSE NUMBER: _____

PROFESSION IN WHICH LICENSE/CERTIFICATE WAS ISSUED: _____

NAME OF STATE ISSUING LICENSE/CERTIFICATE: _____

DATE ISSUED: _____ CURRENT: _____ NOT CURRENT: _____

IF NOT CURRENT, PLEASE PROVIDE EXPLANATION: _____

DATES OF DISCIPLINARY ACTION (IF APPLICABLE): _____

REASON FOR DISCIPLINARY ACTION: _____

LICENSE ISSUED ON THE BASIS OF: _____

I HEREBY CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT BASED ON RECORDS AVAILABLE TO ME, THE APPLICANT WAS COMPETENT TO PRACTICE WHILE LICENSED/CERTIFIED IN THIS STATE.

NAME OF OFFICIAL OF AGENCY

ORIGINAL SIGNATURE

TITLE

DATE

(SEAL)

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED IN THE HEADING OF THIS FORM.

CP-A-6

CERTIFICATE OF EDUCATION FOR LICENSED CLINICAL PERFUSIONIST

It is hereby certified that _____ of
(Student's Name)

_____ matriculated in _____

at _____ on _____.

The dates of attendance are certified to be from: _____ to
_____.

The above name applicant graduated the perfusion education program from

_____ on _____

and was granted a _____ certificate/degree.

School of Dean, Registrar or Director
(SCHOOL SEAL)

Date Signed

Notary Public
Sworn to and subscribed before me

This _____ day of _____, 20____.

My commission expires _____, 20____.

Note: This form must be either notarized or have a school seal embossed or attached. Please mail the completed form to the address listed on the top of this form.

REFERENCE FORM

To Applicant: The GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS requires completion of two (2) reference forms from the following sources; supervisor, physician with whom you have worked with professionally, professor from perfusion program, or a clinical instructor. These forms must be sent from the reference source directly to:

ATTENTION: CLINICAL PERFUSIONIST LICENSURE
Georgia Composite State Boards of Medical Examiners
2 Peachtree Street, NW 36TH FLOOR
Atlanta, GA 30303

Please be sure to indicate your name below for identification purposes.

NAME OF APPLICANT: _____

To Reference Source: Please complete this form, sign, and return to the Board at the above stated address. Your response is confidential, pursuant to Georgia law. All applicants are required to sign a general release, which relieves anyone of any liability for information furnished in good faith. Please print or type all information. Please make sure the applicant's name is indicated on the form. The processing time for licensure directly depends on timely receipt of critical forms such as this.

ATTENTION: The person who signs this form **MAY NOT** be related to the applicant by blood, marriage, or adoption.

From: _____
First Middle Initial Last Degree

Address City State Zip

Area code Phone Number

Area code FAX Number

1. How long have you known this applicant? _____
2. In what capacity are you acquainted with this perfusionist?

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PLEASE CONFIRM THAT THE FOLLOWING RESPONSES ARE CORRECT BEFORE SUBMITTING THIS FORM. INAPPROPRIATE ANSWERS CAN RESULT IN A DELAY IN PROCESSING.
If you answer "YES" to questions 3-7, please provide an explanation.

	YES	NO
3. To your knowledge, has this applicant ever displayed an inability to practice perfusion with reasonable skill and safety to the public or has become unable to practice perfusion with reasonable skill and safety to the public by reason of illness or the use of alcohol, drugs, narcotics, chemicals or any other type of material?	_____	_____
4. To your knowledge, has the applicant ever been convicted of a felony or misdemeanor?	_____	_____
5. Are you aware of any lawsuits having to do with the applicant's practice of perfusion that the applicant has either lost or settled out of court?	_____	_____
6. Are you aware of any restrictions, limitations or other actions of any nature taken against this applicant by a hospital or other health related entity?	_____	_____
7. Are you aware of any derogatory information about the applicant that may have a bearing upon the applicant's fitness or ability to perform the applicant's professional duties that are not covered by questions contained in this form or discussed in your answers?	_____	_____
8. Do you recommend this applicant for an unrestricted clinical Perfusionist license?	_____	_____

Please add further comments that will assist the Board in evaluating the qualifications of this applicant (use additional pages if necessary):

Signature

Title

Date

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**PROVISIONAL LICENSED CLINICAL PERFUSIONIST
STATEMENT OF SUPERVISION**

This form is required of all applicants seeking a provisional license and must be signed by any and all licensed clinical perfusionists who will supervise the applicant.

O.C.G.A. 43-34-175 provides for provisional licensure for graduates of approved perfusion programs. A provisional license is valid for two years from the date it is issued and may not be renewed. If a person fails any portion of the licensure examination, his or her provisional license shall be automatically revoked and surrendered to the Board.

Type of Application (check one): ____ **Initial** ____ **Renewal**

Applicant Name:

Applicant Address:

Address City State Zip Code

Applicant Telephone: _____

Employment: _____

Name and Address of Employer:

Address City State Zip Code

Date employment and supervision will begin: _____

By signing below, we, (the applicant and supervising licensed clinical perfusionist), attest that we have read and agree to adhere to the requirements of the Licensed Clinical Perfusionist Act and Rules of the Composite State Board of Medical Examiners. You may list additional supervisors on an attached sheet if necessary, but each addition must contain the supervisor's name, license number, signature and date.

Supervisor(s) Name (Please Print)	License Number	Signature	Date

Applicant Signature

Date